

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)ATTORNEY'S DOCKET
NUMBER
PHDE030090 US

As a below named inventor, I hereby declare that:

10/535349

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Electronic memory component or memory module, and method of operating same**
the specification of which (check only one item below):

☐ is attached hereto.☐ was filed as United States application

Serial No _____

on _____

and was amended

on _____

☒ was filed as PCT international applicationNumber PCT/IB03/05106on November 10, 2003

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Germany	102 54 342.0	November 21, 2002	YES
Europe	03100721.4	March 20, 2003	YES

U.S. DEPARTMENT OF COMMERCE -Patent and Trademarks Office
(July 1994)

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Combined Declaration For Patent Application and Power of Attorney (Continue) (includes Reference to PCT International Applications)	Attorneys Docket Number PHDE030090 US
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

10/535349

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245		Direct Telephone Calls to: (name and telephone number) (914)332-0222		
1-00 201	FULL NAME OF INVENTOR	FAMILY NAME OSTERTUN	FIRST GIVEN NAME Soenke	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Wedel	STATE OR FOREIGN COUNTRY Germany <i>DEX</i>	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Pferdekoppel 71	CITY 22880 Wedel	STATE & ZIP CODE/COUNTRY Germany
2-00 202	FULL NAME OF INVENTOR	FAMILY NAME WAGNER	FIRST GIVEN NAME Mathias	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Alvesen-Rosengarten	STATE OR FOREIGN COUNTRY Germany <i>DEX</i>	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Im Alvesener Dorfe 3	CITY 21224 Alvesen-Rosengarten	STATE & ZIP CODE/COUNTRY Germany
3-00 203	FULL NAME OF INVENTOR	FAMILY NAME MUELLER	FIRST GIVEN NAME DETLEF	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Barsbuettel	STATE OR FOREIGN COUNTRY Germany <i>DEX</i>	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Grasweg 6A	CITY 22885 Barsbuettel	STATE & ZIP CODE/COUNTRY Germany
4-00 204	FULL NAME OF INVENTOR	FAMILY NAME BUHR	FIRST GIVEN NAME Wolfgang	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany <i>DEX</i>	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Braunlager Weg 3	CITY 22459 Hamburg	STATE & ZIP CODE/COUNTRY Germany
5-00 205	FULL NAME OF INVENTOR	FAMILY NAME GARBE	FIRST GIVEN NAME Joachim	SECOND GIVEN NAME C.H.
	RESIDENCE & CITIZENSHIP	CITY Schenefeld	STATE OR FOREIGN COUNTRY Germany <i>DEX</i>	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Theekamp 7B	CITY 22869 Schenefeld	STATE & ZIP CODE/COUNTRY Germany

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>2003-11-20 S. Ortel</i>	SIGNATURE OF INVENTOR 202 <i>M. Wagner</i>	SIGNATURE OF INVENTOR 203 <i>D. Haken</i>
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204 <i>25.11.2003 Wolfgang Buhr</i>	SIGNATURE OF INVENTOR 205 <i>J. Garbe</i>	
DATE	DATE	

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

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JC20 Rec'd PCT/PTO 18 MAY 2005

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner:	Koninklijke Philips Electronics N.C.		
Application No./Patent No.:	Concurrently	Filed/Issue Date:	Concurrently
Entitled:	Electronic memory component or memory module, and method of operating same		

Koninklijke Philips Electronics N.V., a corporation
states that it is:

1. ☒ the assignee of the entire right, title and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

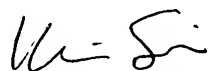
1. From _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
[Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

May 18, 2005
Date



Kevin Simons, Reg. No. 45,110
Title: Patent Attorney
Tel.: (408) 474-9075

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24738

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

24738

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone			Fax

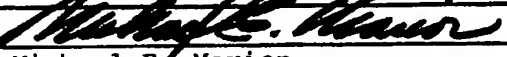
Assignee Name and Address:

KONINKLIJKE PHILIPS ELECTRONICS N.V.
Groenewoudseweg 1
5621 BA Eindhoven, The Netherlands

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	02 FEB 2005
Name	Michael E. Marion	Telephone (914)	333-9637
Title	Authorized Representative		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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